Scott Walker Governor

Jon Litscher Secretary



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State of Wisconsin **Department of Corrections**

March 8, 2017

Sheriff Scott Parks Marathon County Sheriff's Department 500 Forest Street Wausau, WI 54403-5554

Re: Annual Jail Inspection

Dear Sheriff Parks:

On February 21, 2017, the annual inspection of the Marathon County Jail was conducted pursuant to WI Statute 301.37(3). The inspection compared the facility and its operation to applicable state statutes and Department of Corrections' Administrative Code Chapter DOC 350. This report summarizes my findings, including the progress made following the 2016 inspection, any statute or administrative code violations, physical plant and maintenance issues, and an overall summary of facility operations. The DOC 350 Inspection Document is attached to this report and includes detailed inspection results.

On the day of the inspection, there were 267 inmates incarcerated in the facility, 113 inmates held in other jurisdiction jails and 27 inmates supervised with the use of the Electronic Monitoring Program. On the day of the inspection, the total inmate population under the authority and responsibility of the sheriff's department was 407 inmates. The facility average daily population from October 2016 through January 2017 ranges from 96% to 99% of the facility approved capacity.

Progress following the 2016 Inspection

The 2017 Marathon County Corrections Work Plan details numerous initiatives, timelines, progress, outcomes and completion. Listed below are highlights of improvements completed, on-going or identified as future initiatives:

- The implementation of the safety and sanitation inspections and documented logs began in January 2017. Following the first detailed inspection a number of areas identified were forwarded to the maintenance department for repair and included a number of burned out lightbulbs, missing or broken hooks, light switches, door stops, etc. The majority of items noted have been addressed.
- The jail kitchen manager, Cheryl Schulz and the District Manager Jamie Strong have accomplished addressing a number of issues found in the previous inspection. The kitchen vendor is in the process of hiring additional staff as the inmate worker positions in the kitchen area are being eliminated due to the facility administration safety and security evaluation results. Removal of inmate workers in this area is scheduled for the near future.
- The jail booking area is scheduled for some remodel completed in the near future. The remodel focus is using the space more efficiently and effectively.

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- The second phase of the jail kitchen remodel (dish-room area and equipment) is scheduled to be completed in 2017 following the jail booking area remodel.
- Staff training documentation procedures has been updated to better track and identify.
- An additional booking/release form has been developed and implemented to better track and enhance procedure completion.
- The jail rules is scheduled for review and updates to include information regarding mailed greeting cards that will no longer be accepted into the facility due to security concerns.
- Additional property room updates are ongoing and include additional property bags purchased and
 the transitioning of one of the storage rooms into office space and transitioning a current office to
 storage space. The inmate property storage needs continue to increase with the inmate population.
- The department wide management systems build and implementation is ongoing with completion scheduled in 2017.
- Electronic Medical Records implementation is scheduled in the next few weeks.
- DNA collection procedures are currently in the update development stage; collections will be competed at the time of sentencing within the sheriff's department.
- Shower towers located in the east end of the facility (shower heads and faucets) are currently being evaluated for reconfiguration as stability and safety concerns have been identified; housing units O and P Blocks. The lifecycle of the shower towers, approximately 18 years, has served the jurisdiction and requires replacement.
- Operational evaluations regarding the west end dayroom procedures to address inmates removing shower curtains near the toilet area with a solution identified and implemented.
- The implementation of inmate ID cards/bracelets that are scanned is noted as a future initiative.
- The addition of a Lieutenant position that is assigned solely to administrative duties assisting the jail administrator to develop, implement, monitor and lead jail operations focusing on areas that require additional oversight supervision is noted as a future initiative.
- The jail staff uniforms have been updated with the majority of the jail staff changeover complete.

The facility concept is a team approach. The corrections staff is included and involved in jail operation procedure reviews and solutions identified, evaluated and implemented.

Jail Administrator Sandra La Du - Ives continues to provide weekly facility information via an informational document forwarded to the jail staff as well as this office. The informational document provides solid detailed information, upcoming scheduled planned maintenance, request for staff's input and/or volunteers to evaluate and work on various jail projects and procedure updates/revisions. The value of this procedure is immense. This impressive procedure is recognized, applauded and encouraged to continue. It is noted that JA La Du-Ives developed and implemented this procedure at her hire approximately four years ago.

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Deficiencies/Compliance Plans

DOC 350.12 Sanitation and Hygiene.

- The ceilings in the east end of the facility (discolored, etc. believed to be from humidity and condensation requires attention).
- A Block cells requires attention. Walls in all of the cells are full of inmate damage that consists mostly of ink drawings and various inappropriate verbiage. The condition of the cells is unacceptable; on the day of the inspection, an inmate housed in an A Block cell verbally complained regarding all the derogatory racial writings and drawings in his cell.

Compliance plans:

- Develop a schedule for annual deep cleaning of the ceilings in the east end of the facility. Evaluate the use of a vendor to accomplish this.
- Develop a procedure to vacate the housing unit or cells individually and remove all inmate graffiti. Develop and implement a procedure for the routine inspection of the cells, jail wide but specifically in A Block. This allows for the identification and discipline of the inmate/s that violate the rules by writing or attaching items to the surface areas in the cells and housing units.

Maintenance Items

The following items are in need of attention to ensure a healthful condition as outlined in WI Statute 302.37:

Physical plant issues impact on the jail environment, climate, operation and safety and security. Below are areas requiring attention identified on the day of the inspection:

- The east end housing unit ceiling tile requires attention. Develop a schedule for the maintenance of the ceiling tiles in this area. The tiles were cleaned a couple years ago but are beginning to show a need for attention. Evaluate the use of a vendor on an annual basis to address this. It is encouraged that the root cause of the tile condition also be evaluated; I have been informed it is believed the HVAC system may be causing or contributing to this issue.
- Repair the shower not operating properly in housing unit B Block.
- Inspect and clean vents throughout the facility; pay particular attention in housing units B and E Blocks on the west end of the facility and the majority of the housing units on the east end of the facility; P, O, N, L, J, and H Blocks and the classrooms and hallways.
- Remove items located on the ceiling in housing unit O Block; it appears to be butter.
- Remove the numerous mattresses stored in the vestibule of housing unit #1Medical. Find a more appropriate area to store these items.
- Repair the cracks; replacement of caulking, in the inmate waiting room near the medical and professional visiting area (door room number #189).
- Address large areas the caulking is missing in the wall crack located by the Lieutenant's office.
- The wall in housing unit N Block by the phone requires attention and repair.

The facility is housing near capacity on a routine basis. The challenges and difficulties of addressing inmate areas continually occupied and damaged by inmates are recognized. However, maintaining the facility in the appropriate condition as well as holding inmates accountable for the intentional damage they cause requires solutions and procedures developed and implemented.

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A number of significant improvements have been accomplished within the short timeframe between inspections; 2016 inspection completed in November and 2017 inspection completed in February. Jail administration continues to identify and implement sound best correctional practices impacting on the safety and security of the operation of the facility. There are multiple jail operational procedures reviewed and addressed on a daily basis.

It is noted that the receiving cells and the two holding rooms have recently been painted. <u>Jail staff</u> <u>completed this task</u>. On the day of the inspection, the majority of the cells were in appropriate condition. From this point forward, inmates causing damage in these areas (writing on the walls, affixing items to vents, walls, lights, etc.) require identification and disciplinary actions as well as addressing the damage prior to reusing the cell.

The inmate recreation area was in the process of being painted where inmate damage on the door and window frames and floor required attention. The previous inspection in 2016, the area had been painted within weeks of the inspection and was found full of inmate damage. Enhanced observation in this area is recommended. "Do Not Cross" lines on the floor of the area near the door and window frames is an additional option that may assist with addressing some of the inmate damage issues; this option was discussed on the day of the inspection. Enhancing supervision in this area is recommended.

Summary of Jail Operations

The approved inmate capacity of the facility is 279. Inmate housing unit beds were verified on the day of the inspection and are detailed below:

F – dormitory 24 beds	L – dormitory 8 beds
G – dormitory 24 beds	M – dormitory 12 beds
H – dormitory 8 beds	N – dormitory 24 beds
J – dormitory 12 beds	O –dormitory 24 beds
K – dormitory 24 beds	P – dormitory 24 beds

A – four double cells and two single cells / total 10 beds

B – ten double cells and nine single cells / total 29 beds

C – ten double cells and ten single cells / total 30 beds

D – six double cells and six single cells / total 18 beds

E – four double cells and four single cells / total 8 beds

Short-term holding areas include 16 receiving cells, two medical holding cells, one two single cell unit for special needs (housing unit I Block) and two holding rooms. They are not included in the approved capacity.

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The facility processes, houses and transports inmates 24/7. Inmates are currently being housed in a number of counties to include Taylor, Chippewa Falls, Lincoln, Langlade and Shawano. The number of inmates housed and moved in a year was over 3000; per the jail administrator during the November 2016 inspection and records review. A number of alternative jail programs have been developed and implemented within the jurisdiction. Evaluating the future needs and identifying long term solutions is recommended be a priority. The facility condition is deteriorating with continued maintenance needs addressed routinely. Inmates housed out of county require transport to and from the facility for various legal matters and appearances. Attorney access to inmates housed out of the county is a challenge as well.

Observations of security staff during the inspection and numerous unannounced site visits confirm that the work detail is extremely fast paced and active. One additional position has been added to each jail shift in 2017. It is logical that the number of inmates processed, housed or transported elsewhere generates a number of activities that require security staffs attention.

Safety and security inspections are completed as required. See the detailed worksheet document attached. Internal inspections include various areas and equipment.

The inmate meal provider, CBM, continues to address any areas of concerns identified. The kitchen was found in a very clean, sanitary and organized condition. The kitchen area size is not much larger than a typical home kitchen. The area space is utilized efficiently. Inmate worker usage in this area is scheduled to be eliminated for security and safety concerns in the very near future.

The inmate medical service provider, CCS, nurses are on sight seven days a week for sixteen hours daily. Nurse practitioner and physician appointments are scheduled weekly. The facility provides extensive mental health services to include a master level social worker counselor and psychologist providing counseling services for 40 hours a week. Additional mental health services are provided by CCS, North Central Health Care and Mobile Crisis. Public Health provides an STD Clinic weekly and an Immunization Clinic monthly.

The inmate educational service continues to provide numerous classes including Adult Basic Education, Careers, Breaking Barriers, Women's Group, Dad's Coach Clinic, AA/NA, etc. The 2016 year end inmate graduation ceremony included 5 inmates that had earned their HSED, 5 inmates earning their GED and 2 inmates earning their HS Diploma. North Central Technical College educational instructors, trained volunteers and the social worker facilitate the inmate programs. A worship service and bible study is offered weekly. Jail Social Worker Rhonda Zastrow develops, implements and manages the inmate programs, completes inmate assessments to determine needs and eligibility and identifies and provides or connects inmates to services/programs in-house and once released to outside agencies. Providing inmate programs of value is commended and encouraged to continue.

Observation of corrections officer's interaction with inmates, volunteers, additional jail staff, professional visitors and colleagues revealed professional and courteous demeanor. The jail staff dedication to jail operations and your jurisdiction's core values is apparent by the observed staff actions and staff assistance provided on the day of the inspection as well as numerous contacts throughout the previous year. Lieutenant Deb Gleason escorted me through the facility during the inspection, provided information requested and clearly articulated jail policies and procedures. Her knowledge, professional demeanor and response to duties are apparent and provide and set a positive employee example. The continued efforts of your department providing a safe and secure environment are commended.

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A review of the 2016 jail inspection report and inspection document that include maintenance items, deficiencies, expectations and recommendations, revealed that a number of items have been addressed. This is impressive considering the short time frame between inspections and speaks volumes regarding Jail Administrator Sandra La - Du Ives response to the inspection results and due diligence addressing the findings. Her attention to detail and response to jail operations is commended.

Additional inspection results are located in the worksheet document attached.

Department Expectations following the 2017 Inspection include:

- Address deficiency noted above:
 - Evaluate the east end ceiling issue. I understand the maintenance department is unable to
 complete this work and the use of inmate workers due to the ceiling height and liability
 issues concur this is not an option. A possible vendor to complete this <u>annually</u> is
 recommended be evaluated or other options identified and implemented to include the
 source of the issues and possible solutions.
 - 2. A Block requires immediate attention. Additional evaluation of inmate damage with pens, pencils and other materials is recommended be completed to identify solutions for the continued consistent inmate damage issues found in the facility. This includes the recreation area currently being painted again. Develop additional supervision procedures; Do not cross lines in the recreation area, constant and routine inspection of cells as inmates are moved into and out of them and imposed inmate discipline for those found damaging the facility, possible new charges and restitution and of course addressing the damage prior to using the area for the next inmate housed.
- Address maintenance items noted above.
- Continue to work towards maintaining the inmate population below the capacity. A reasonable population at 90% would be 251 inmates. Records reviewed from October 2016 through February 2017 show the average daily population is between 96%-99%. Attempt to decrease the percentage thus allowing the ability to address continual maintenance needs as noted above as well as inmate housing options available per jail classification guidelines.
- Review current forms to ensure the correct information is detailed; observation logs, restraint logs and suicide logs. Ensure staff begins using a new log as observation requirements change.
- Develop and implement a procedure for the formal routine review of inmate observation logs to enhance the operation of the facility, identify any issues including staff training issues or other operational or equipment concerns.

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Approval

The Marathon County Jail is approved by the Department of Corrections for the secure detention of adult offenders with the maximum capacity of 279. This approval is contingent on the correction of the deficiency noted above and the continued compliance with all applicable state statutes and administrative codes.

If you have any questions regarding the inspection results summarized in this letter and found in the inspection worksheet document attached or if I may be of any assistance regarding correctional matters, please contact me.

I wish to thank your entire jail staff, security and programs, for the assistance provided completing the annual inspection. The staff's courtesy and cooperation is appreciated. Sheri Meyer, Administrative Assistant, completed the assembly of numerous documents requested prior to the inspection and her response to detail and organization of materials presented is exceptional and acknowledged. It has been a pleasure working with you and your staff. Thank you.

Sincerely,

Denise Ellis

Detention Facilities Specialist

Denise Felip

cc: Sandra La Du-Ives, Jail Administrator
Brad Karger, County Administrator
Kurt Gibbs, County Board Chair
Craig McEwen, Public Safety Committee Chair
Kristi Dietz, Director-ODF
File

Enclosure – DOC 350 Inspection Document

CHAPTER DOC 350 INSPECTION DOCUMENT

COUN	COUNTY: Marathon DATE: February 21, 2017				
		INM	ATE HOUSING AND CLASSIFICA	TIOI	N
			or substantially remodeled on or after S	Septe	mber 1, 2014, double cells shall have a
floor ar	ea of at least 25 square feet o	f unencun	bered space per occupant.		
COMPL	IANCE	VEF	RIFICATION		
	Meets standard		Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
Not reviewed Verbal confirmation by facility staff					
Comme	ents: NA				
DOD 05					
					prior to September 1, 2014, to be used for gnizes current code does not reflect the
			990, a cell shall have a floor area of at le		
COMPL	IANCF	VFF	RIFICATION		
	Meets standard		Policy and procedure manual review	\boxtimes	Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
ᆸ	Non-compliant		Sight confirmation by inspector		J Other (Specify).
ᆸ	Not reviewed		Verbal confirmation by facility staff		
<u> </u>			versal communators by facility clair		
Comme	ents.				
DOO 05					
		-	e department, the jail shall have policies		
					eeds, including support staff and services
			nd security of the jail staff and inmates w		using cells for double occupancy. The d and the sheriff and shall be filed with the
			all remain in effect until rescinded or an		
			uate staff as agreed upon by the county		
occur.					
The wri	itten agreement between the (County Bo	ard and Sheriff is on file with the departi	ment	and contains the following elements:
•	The County Board and Sheriff				and contains the following comments:
•			nealth care staff, support and service staff a	and ac	dministrative staff
•	The staffing pattern is detailed				
•	The agreement is signed by re	presentativ	res of the County Board and the Sheriff		
COMPL	IANCE	VEF	RIFICATION		
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
一一	Non-compliant		Sight confirmation by inspector		- \\-\ \-\ \-\ \\ \\ \\ \\ \\ \\ \\ \\ \
一一	Not reviewed		Verbal confirmation by facility staff		
Commo		ament on	file; dated November 13, 2014.		
Comme	and. I only #1100.9. Agree	STRUCTIC OFF	ino, dated November 15, 2014.		

DOC-2744 (4/2015) DOC 350.20 (2) Inmates housed in the same cell shall have the same custody classification and be properly segregated as required under s. 302.36, Stats. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #508. DOC 350.20 (3) For male and female housing areas, at least one cell or 15% of the jail's total number of cells, whichever is greater, shall be maintained for single occupancy. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Sight confirmation by inspector Non-compliant Not reviewed Verbal confirmation by facility staff Comments: DOC 350.20 (4) Receiving cells may not be used for double occupancy. **COMPLIANCE** VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: The sixteen receiving cells are used for single occupancy only. They were found in good condition with the majority of inmate damage and graffiti addressed. DOC 350.21 Inmate classification. All jails shall meet the requirements set forth in s. 302.36 Stats. The sheriff shall establish and maintain an objective prisoner classification system to determine prisoner custody status and housing assignment, and develop eligibility criteria for prisoner participation in available work assignments, programs and community service projects. The jail shall have policies and procedures relating to classification. DOC 350.21 (1) Description of the objective prisoner classification system, including the identification and training of staff authorized to classify prisoners, initial classification and reclassification procedures and prisoner appeal process. DOC 350.21 (2) Eligibility criteria for prisoner participation in available work assignments, programs and community service projects. DOC 350.21 (3) Review of prisoner classification decisions. The jail has implemented an objective classification system based on point additive formula or decision tree forced choice or similar formalized mechanism for housing determination. A written policy is provided to all correctional staff detailing classification process. Policy clearly identifies personnel authorized to classify inmate housing assignments. Personnel assigned to complete inmate classification assignment receive formal training. A process is in place for supervising personnel to complete a secondary review of reclassification and appeals. Sufficient housing exists to meet classification guidelines to male and female inmates. Inmates housed in the same cell shall have the same security classification and be properly segregated as required in s. 302.36 Stats. **COMPLIANCE VERIFICATION** Policy and procedure manual review Meets standard Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #508. Two full time officers, one corporal and an additional nine officers complete classification duties. The Northpointe classification system is utilized.

SAFETY AND SECURITY PRACTICES

DOC 350.18 Security. The jail shall have policies and procedures relating to jail security.

- Portable communications and alarm systems are in good working condition
- Intercom and emergency notification devices are in good working order

DOC 350.18 (1) Inmate supervision. The jail shall have a system providing for well-being checks of inmates. Policies and procedures shall provide that all inmates are personally observed by jail security staff at staggered intervals not to exceed the following:
(a) 60 minutes (b) 15 minutes for inmates housed on suicide watch.

- All inmates are personally observed during each physical inspection.
- In housing units of multiple cells, officers are encouraged to complete physical inspections from within the housing unit.

DOC 350.18 (2) Supplemental observation. A video monitoring system may be used to supplement but not replace personal observations.					
DOC 350.18 (3) Documentation. Each obser	vation shall be documented.				
COMPLIANCE	'ERIFICATION				
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement	Sample of facility records reviewed	Other (specify):			
Non-compliant [Sight confirmation by inspector				
■ Not reviewed ■ Verbal confirmation by facility staff					
Comments: Policy #504(60) and #724.6(15). General housing observations are completed with some exceptions. Suicide watch observations are completed with few exceptions. It is recommended that supervisory review of observation checks be routinely completed with documentation of the results and any further action. Observation logs are improved from the previous year, however; on the day of the inspection, a brief review of one general housing observation log revealed some exceptions that were not completed by the same staff. This may indicate a training issues. Dates reviewed with exceptions found include: general observation - 12/25/16 and 1/6/17 and suicide logs - 2/10/17. Suicide logs and medical logs and medical logs require attention. Logs used change from one type of check to the other without clear documentation and logs reviewed have different check requirements.					
documented at least three times per day, wit	·	Formal counts shall be completed and			
	ERIFICATION	7			
	Policy and procedure manual review	Previous compliance documented			
	Sample of facility records reviewed	Other (specify):			
Non-compliant	Sight confirmation by inspector				
Not reviewed	Verbal confirmation by facility staff				
Comments: Policy #501. Completed as runiversal location verbage be utilized.	required. It is recommended that docume	ntation be reviewed and designated			
DOC 350.18 (5) Security inspections. Described Facility and area searches are complete.	iptions of procedures for conducting and docuited and documented.	menting facility and area searches.			
COMPLIANCE	'ERIFICATION				
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement	Sample of facility records reviewed	Other (specify):			
Non-compliant [Sight confirmation by inspector				
Not reviewed	Verbal confirmation by facility staff				
Comments: Policy #501. Cell inspections are completed and a cell inspection log is maintained. Housing unit searches are scheduled; it is recommended the schedule be reviewed to ensure routine and consistent searches are completed.					
searches.	ens of procedures for conducting and document	ung minate pat down, strip and body cavity			
	ZERIFICATION	.			
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement	Sample of facility records reviewed	Other (specify):			

Offic	PARTMENT OF CORRECTIONS ce of Detention Facilities				WISCONSIN
	C-2744 (4/2015) Non-compliant	П	Sight confirmation by inspector		
_	Not reviewed	Ħ	Verbal confirmation by facility staff		
Comr	ments: Policy #514.		, ,		
	The remote security controls of doors All manufacturing doors, locks and rel	vor and eas			
СОМ	PLIANCE	/EF	RIFICATION		
\triangleright	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
prov prov poc (down tool. A door and lock service ided for review. Doors and locks vacuation 350.18 (8) Key control. Control and use a) All issued keys shall be inventoried and	wei wei se c	and accessible in the event of an emergency	се	for the first quarter of 2017; report
СОМ	PLIANCE	/EF	RIFICATION		
\times	Meets standard	X	Policy and procedure manual review		Previous compliance documented
Ī	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed	\boxtimes	Verbal confirmation by facility staff		
Comr	ments: Policy #211. A key log is ma	ain	tained and keys are counted at the en	d d	of each shift.
DOC elect	350.18 (9) Weapons control. Introduction control devices or other related s	ion ecu	, availability, control, inventory, storage an irity devices and specification of the level o	ıd ι of a	use of firearms, chemical agents, outhority required for their access and use.
СОМ	PLIANCE	/EF	RIFICATION		
\boxtimes		\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
Ĺ	Non-compliant	$\underline{\boxtimes}$	Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
Comr	ments: Policy #507. Signage is pos	tec	d and secured lockers are available at	th	e facility entrances.
	acility.		roduction, availability, control, inventory, s ry is maintained	tor	age and use of tools and sharps within
СОМ	PLIANCE	/EF	RIFICATION		
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant	\boxtimes	Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
	mante: Policy #205 Documentation		maintanance items is maintained and	4 ~	ontrolled

DOC 350.19 Fire Safety. The jail shall have policies and procedures relating to fire safety.

DOC 350.19 (2) Each jail shall develop a fire safety policy in accordance with local fire department recommendations that addresses all of the following:

- a) Local fire department inspection requirements under sub. (5).
- b) Fire protection equipment location and maintenance. Each jail shall have and shall properly maintain fire alarms, smoke and thermal detectors, fire extinguishers and self-contained breathing apparatuses which operate for at least 30 minutes.
 - Fire extinguishers are properly maintained with recorded time and date of inspection.
 - Fire extinguishers are properly placed, secured and easily accessible to staff.
 - A fire extinguisher suitable for grease fires is provided in the kitchen.
 - Jail staff can demonstrate proficiency in the use of fire protection equipment.
- c) Training of staff in equipment use and the evacuation of inmates
 - Staff training is documented.
-) A written evacuation plan

 Jail staff can articulate or demonstrate the evacuation routes and policies of the jail. 					
COMPLIANCE	/ERIFICATION				
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement	Sample of facility records reviewed	Other (specify):			
Non-compliant	Sight confirmation by inspector				
Not reviewed Verbal confirmation by facility staff					
Comments: Policy #402. Corrections Officer Erin Bahlow demonstrated her ability donning an SCBA. There are seven SCBA units in the facility; they were tested on 5/13/16. Fire extinguishers are date stamped July 2016 and are inspected monthly by the maintenance staff. The sprinkler system was inspected on 1/6/16. The maintenance department completes routine fire alarm testing/inspections. An annual fire alarm testing was completed on 2/12/16 with the 2017 testing scheduled for later in the year.					
DOC 350.19 (3) The evacuation route developlace for jail staff in the jail.	ped as part of the evacuation plan under sub.	(2)(d) shall be posted in a conspicuous			
COMPLIANCE	/ERIFICATION				
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement	Sample of facility records reviewed	Other (specify):			
Non-compliant	Sight confirmation by inspector				
Not reviewed Verbal confirmation by facility staff					
	ther procedures shall be practiced or simulate	d by all jail staff at least once every 12			
months. Each practice or simulation shall b					
	/ERIFICATION	Designed and the second of			
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement	Sample of facility records reviewed Sight confirmation by inspector	Other (specify):			
Non-compliant Not reviewed					
Not reviewed	Verbal confirmation by facility staff				
	was provided in March 2016 and schedu	·			
DOC 350.19 (5) The facility shall be inspected by the local fire department at least once every 12 months and a record thereof shall be maintained. The fire inspection report supports that the facility conforms to applicable fire safety codes.					
The fire inspection report supports	s that the facility conforms to applicable fire safety	codes.			
	s that the facility conforms to applicable fire safety	codes.			
		codes. Previous compliance documented			
COMPLIANCE	/ERIFICATION	Previous compliance documented			
COMPLIANCE \ \(\sum_{\text{Meets standard}} \)	/ERIFICATION Policy and procedure manual review	_			
COMPLIANCE Meets standard Needs improvement	/ERIFICATION Policy and procedure manual review Sample of facility records reviewed	Previous compliance documented			

DOC 350.19 (6) There shall be monthly inspections of the facility to ensure compliance with safety and fire prevention standards. Inspections shall be documented.					
COMPLIANCE V	ERIFICATION				
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement [Sample of facility records reviewed	Other (specify):			
Non-compliant [Sight confirmation by inspector				
Not reviewed	Verbal confirmation by facility staff				
•	onjunction with the door and lock inspec	tions; areas inspected are documented			
and include the SCBA, fire alarms, fire					
DOC 350.22 (1) Jail staff may use physical for prevent death or bodily injury to the staff me	e policies and procedures for the use of force. proce against an inmate only if force is necessa mber, the inmate or someone else, unlawful d amount of force reasonably necessary to achie n.	ry to change the location of an inmate or to amage to property, or the escape of an			
COMPLIANCE V	ERIFICATION				
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement [Sample of facility records reviewed	Other (specify):			
Non-compliant [Sight confirmation by inspector				
Not reviewed	Verbal confirmation by facility staff				
Comments: Policy #511. Reports reviewed found completed facility forms and thorough reports. Review by supervisory staff is recommended. DOC 350.22 (2) Any staff member who has used force to control an inmate or inmates shall submit a written report to the sheriff, jail administrator or the staff member's supervisor describing the incident. The report shall include all known relevant facts and be submitted by the end of the shift, unless otherwise authorized by the sheriff or sheriff's designee.					
 Supervisory review is conducted a COMPLIANCE 	ERIFICATION				
Meets standard	Policy and procedure manual review	Previous compliance documented			
	Sample of facility records reviewed	Other (specify):			
Non-compliant	Sight confirmation by inspector				
Not reviewed	Verbal confirmation by facility staff				
	ed were detailed and completed as requ	ired.			
DOC 350.23 Use of restraints. The jail shall have policies and procedures governing the use of restraints and control devices. DOC 350.23 (1) Restraint devices are never used as punishment and are not applied longer than necessary. Inventories are conducted and documented. DOC 350.23 (2) When an inmate is mechanically restrained for non-routine purposes, a written report must be completed by the end of the shift, unless otherwise authorized by the sheriff or sheriff's designee. Documentation shall include the reason for use, duration of use and corresponding wellness checks.					
 Supervisory review is conducted a 	nd documented				
	ERIFICATION				
Meets standard	Policy and procedure manual review	Previous compliance documented			
Needs improvement	Sample of facility records reviewed	Other (specify):			
Non-compliant	Sight confirmation by inspector				
Not reviewed	Verbal confirmation by facility staff				
observation completion and the policy r	the observation log used is in need of up requires two checks every 30 minutes. For completed with documented review results.	Routine supervisory review of the			

DOC-2744 (4/2015)

DOC 350.24 Discipline. The jail shall have policies and procedures outlining inmate discipline and due process.

DOC 350.24 (1) Inmates rules of behavior. Every jail shall have written rules of behavior for inmates. At the time of admission, each person shall be notified verbally of the existence of jail rules for inmate behavior and the potential disciplinary actions for violations of the rules. Each inmate shall be provided with a copy of the jail rules or copies of the rules shall be posted in conspicuous places in the jail.

DOC 350.24 (2) Discipline for minor violation. (See code for specific language.)

- (a) A minor discipline is a verbal or written reprimand, restriction of privileges or placement in disciplinary segregation for 24 hours or less.
- (b) Inmate is informed of violation, potential discipline and disciplinary procedures for minor violations.
- (c) Inmate has opportunity to make verbal statement about alleged violation to a staff member
- (d) Staff member may impose a minor discipline if found that violation occurred
- (e) Supervisor is informed of incident by staff member. If supervisor concludes violation is major, then it shall be handled in accordance with Sub. (3). If supervisor finds that no violation occurred, the inmate shall be notified that the charge has been dismissed.
- (f) Inmate is notified of right to appeal and of appeal procedure.
- (g) Information made part of inmate's file. If supervisor finds no violation occurred, the due process records shall reflect those findings.

DOC350.24 (3) Discipline for major violation. (See code for specific language.)

- (a) A major discipline is restriction of privileges for more than 24 hours, placement in solitary confinement for more than 24 hours in accordance with s. 302.40, Stats., loss of good time in accordance with s. 302.43, Stats., restrictions affecting Huber law privileges in accordance s. 303.08, Stats., or restrictions affecting work release in accordance with s. 303.065, Stats.
- (b) Written report to supervisor within 24 hours of incident
- (c) Inmate notification of charges and right to hearing 24 hours in advance of hearing.
- (d) Due process hearing within seven calendar days, unless inmate waives the right to a due process hearing.
 - 1. Impartial hearing officer or committee (not involved in incident)
 - 2. Inmate's right to be present at hearing, make a statement and present evidence. Reason for inmate's absence documented.
 - 3. Inmate's right to present witnesses. Reason for absence of witness documented.
 - 4. Inmate's right to staff advocate if inmate is illiterate or if issues are complex.
 - 5. Hearing officer may consider inmate's mental illness, developmental disability or other emotional or mental disability as a mitigating factor in imposing discipline.
 - 6. Written decision stating discipline administered. Copy to inmate.
 - 7. Inmate is notified of right to appeal and appeal procedure
 - 8. Incident information, discipline administered and decision shall be made part of inmate file. If found no violation occurred, the due process records shall reflect those findings.
- e) If inmate waives right to a due process hearing, violation shall be disposed of in accordance with procedures for minor violations. Major discipline may be imposed if relevant staff member finds a violation occurred. Waiver does not constitute an admission of the alleged violation.

350.24(4) Classification.

(a)	(a) An inmate may be evaluated for custody classification following the imposition of discipline.						
COMPLIA	ANCE	VEF	RIFICATION				
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review	Previous compliance documented			
	Needs improvement	\boxtimes	Sample of facility records reviewed	Other (specify):			
	Non-compliant		Sight confirmation by inspector				
	Not reviewed		Verbal confirmation by facility staff				
Commen	Comments: Policy #600. Reports reviewed meet the requirements; incident report, waivers, hearings, etc. completed as						

HEALTH CARE

DOC 350.13 Inmate health screening. The jail shall have policies and procedures for inmate health screening.

DOC 350.13 (1) Use of a health screening form that is developed in conjunction with health care professionals and is used at booking with each inmate to record information about medical, mental health and dental conditions, physical and developmental disabilities, alcohol or other drug abuse problems and suicide risk.

DOC 350.13 (2) Referrals to medical, mental health or supervisory staff in a timely manner in response to identified concerns. If urgent concerns are identified, the referral shall be immediate.

DOC 350.13 (3) Review of the health screening form by health care or other designated staff within 72 hours if non-urgent concerns are identified.

Review by health care provider is conducted and documented.

DOC 350.13 (4) Documentation of health screening results and subsequent review of the health screening form in an inmate's confidential file.

- Health screening forms are legible, accurate and complete, including detailed narratives when necessary.
- Health care professionals provided input into the content of the health screening form.
- The health screening form contains usable information relating to the inmate's medical condition, dental condition, medical disabilities, developmental disabilities, alcohol and other drug abuse and suicide risk.
- A health screening form is completed for each inmate booked into the facility.
- The health screening forms are reviewed for completeness, accuracy, legibility and the appropriateness of the decisions made regarding referral, housing, classification and other actions.
- The identity of the person completing the health screening form is documented.

COMPLIANCE	VERIFICATION					
Meets standard	Policy and procedure manual review	Previous compliance documented				
Needs improvement	Sample of facility records reviewed	Other (specify):				
Non-compliant	Sight confirmation by inspector					
Not reviewed	Verbal confirmation by facility staff					
Comments: Policy #711. Correct Care are reviewed and documented by a ja	Solutions (CCS) provides inmate health ca il nurse.	re service. Health screening forms				
DOC 350.13 (5) A health appraisal that is to be completed within 14 days after arrival at the facility unless a health appraisal has been completed by health care staff within the previous 90 days. The health appraisal shall be completed by health care staff in accordance with protocols established by the responsible physician.						
COMPLIANCE	VERIFICATION					
Meets standard	Policy and procedure manual review	Previous compliance documented				
Needs improvement	Sample of facility records reviewed	Other (specify):				
Non-compliant	Sight confirmation by inspector					
Not reviewed	Verbal confirmation by facility staff					
Comments: Policy #708.3 and #711.5.	Completed as required within the 14 day ti	meframe.				
DOC 350.14 Inmate health care. There sha services in a confidential manner.	DOC 350.14 Inmate health care. There shall be sufficient equipment, material, space and supplies for the performance of health care services in a confidential manner.					
COMPLIANCE	VERIFICATION					
Meets standard	Policy and procedure manual review	Previous compliance documented				
Needs improvement	Sample of facility records reviewed	Other (specify):				
Non-compliant	Sight confirmation by inspector					
Not reviewed	Verbal confirmation by facility staff					
Comments: Policy #701. Medical space	includes a secured storage room, staff off	fice, inmate waiting room, medical				

	e of Detention Facilities -2744 (4/2015)				
	350.14 (1) The sheriff shall provides in custody.	e or sec	ure necessary medical and mental heal	th trea	atment and emergency dental care for
:	All inmate requests for medical c	are are r	o request medical assessment or treatment eviewed by health care staff. quests are documented by health care sta		nbers.
COMF	PLIANCE	VEF	RIFICATION		
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant	$\overline{\boxtimes}$	Sight confirmation by inspector		, , , , , , , , , , , , , , , , , , , ,
	Not reviewed	\boxtimes	Verbal confirmation by facility staff		
	•		nate health care service. Nursing sphysician is on site once a week.	staff i	s on site for 16 hours daily, a nurse
	350.14 (3) Health care staff shall liance shall be maintained at the f		mpliance with state and federal licensu	re cer	tification and registration. Verification of
COME	PLIANCE	VFF	RIFICATION		
\boxtimes	Meets standard		Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		, (opeo)).
Ī	Not reviewed		Verbal confirmation by facility staff		
Comm	nents: Policy #722. All licenses	s were	reviewed and are maintained at the	e faci	lity.
accor	dance with s. 146.81 to s. 146.83,	Stats., a	separate from other records and shall be not any other applicable state or federal nedical staff, the jail administrator and the RIFICATION	laws.	
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
	Non-compliant	\boxtimes	Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
	nents: Policy #732. Records a re maintained separately as re		•	quire	ed. Files of inmates under the age of
	350.14 (6) Officers shall receive on the control of a state of admission.	docume	nted annual training on health care poli	cies a	nd procedures, medications and health
COMF	PLIANCE	VEF	RIFICATION		
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant	一百	Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
Comm	nents: Policy #738. Training pr	rovided	in March 2016 and scheduled to b	e pro	ovided in 2017.
			ave policies and procedures for inmate	healt	h care.
DOC 3	350.15 (2) Maintenance of docum	ents in a	n inmate's confidential file.		
COMF	PLIANCE	VEF	RIFICATION		
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
一言	Needs improvement		Sample of facility records reviewed	Ė	Other (specify):

Sight confirmation by inspector Verbal confirmation by facility staff

Non-compliant

Not reviewed

Comments: Policy #711(1) and #732(2).

			_			
		50.15 (3) Names, addresses and tele ency and routine health care service:		ne numbers of health care providers or ago	end	cies who have agreed to provide
Cilic	-	·		illinates.		
001	40	Contact information is available to sta		NEGATION		
_				RIFICATION		
	<u> </u>	Meets standard	X	Policy and procedure manual review	느	Previous compliance documented
<u> </u>	4	Needs improvement		Sample of facility records reviewed		Other (specify):
	┽	Non-compliant	\vdash	Sight confirmation by inspector		
		Not reviewed	Ш	Verbal confirmation by facility staff		
			tac	t information is posted in the medical	off	ice and available to jail staff as
nee						
DOC	3	50.15 (4) Referral of an inmate to jail	hea	Ith care staff or to other agencies that prov	vid	e health care.
		Health care referrals are made and d	ocur	nented.		
	•	Staff are knowledgeable about the he				
CON	ЛРI	LIANCE	VEF	RIFICATION		
_	\overline{A}	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
Γ	Ħ	Needs improvement		Sample of facility records reviewed		Other (specify):
	┪	Non-compliant	H	Sight confirmation by inspector		Guier (openiy).
Ī	Ħ	Not reviewed	$\overline{\boxtimes}$	Verbal confirmation by facility staff		
Com			f ro		rh	ally or via email. Medical staff refer to
				owing the health care protocols. Rec		
Oth	<u> </u>	providers per priysician order or	1011	ewing the health eare protocols. These	Oit	as are maintained.
DOC	3	50.15 (5) Designation of staff who ha	ave a	authority to make health care decisions, in	clu	ding emergency medical and dental care.
DOC	3	50.15 (6) Non-emergency health care	e, in	cluding the use of an inmate's personal ph	ysi	ician.
CON	ЛРI	LIANCE	VFF	RIFICATION		
_	$\overline{\mathbb{Z}}$	Meets standard	$\overline{\boxtimes}$	Policy and procedure manual review		Previous compliance documented
Г	\exists	Needs improvement		Sample of facility records reviewed	H	Other (specify):
	Ħ	Non-compliant	H	Sight confirmation by inspector		other (specify).
	╡	Not reviewed	H	Verbal confirmation by facility staff		
O	<u> </u>		ш	voidal communicion by facility clair		
Com	ıme	ents: Policy #702.				
DOC	٠ ٦	50.15 (7) Schedule of inmate access	to r	outine medical care		
DOC	<i>,</i> 3.	30.13 (1) Schedule of Illinate access	101	outine medical care.		
	•	The schedule of inmate access to me	dica	I care is provided to inmates in writing via han	ıdb	ook, posted notice, inmate rule and regulation
		list, or other appropriate means.				11.4
	•			ss medical care is provided if the inmates are	una	able to read or write.
_	_		VEF	RIFICATION		
	<u> </u>	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
		Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
		Non-compliant		Sight confirmation by inspector		
		Not reviewed	\boxtimes	Verbal confirmation by facility staff		
Com	nme	ents: Policy #702. Jail nursing st	aff a	are on site seven days a week for app	ro	ximately 16 hours a day. Routine
				or as needed on the weekends.		
		50.15 (8) Provision for inmates with				
_		LIANCE	VEF	RIFICATION		
	X	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
		Needs improvement		Sample of facility records reviewed		Other (specify):
		Non-compliant		Sight confirmation by inspector		
	╝	Not reviewed	\boxtimes	Verbal confirmation by facility staff		

Office of Detention Facilities DOC-2744 (4/2015)

Comments: Policy #714. Protocols are followed regarding care for inmates with chronic medical conditions.

DO	35	50.15 (9) Procedure for processing in	mat	te medical requests on a daily basis.		
	 Inmate medical requests are documented on an official medical request form. Written disposition of medical requests are retained in inmate's confidential medical file. 					
COI	ИPL	IANCE \	/ER	IFICATION		
	\overline{X}	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
Ī		Needs improvement	$\overline{\boxtimes}$	Sample of facility records reviewed		Other (specify):
		Non-compliant		Sight confirmation by inspector		· · · · · · · · · · · · · · · · · · ·
		Not reviewed	\boxtimes	Verbal confirmation by facility staff		
				quests are completed on the kiosk lo		ted in each housing unit; medical appointments as required.
DO	3:	50.15 (10) Documentation in an inm				nd identification of the services provided,
incl	udi	ng emergency services.				
	•	Health care services provided or refus	ed a	are documented in the inmate's confidential m	nedi	cal file.
CO	ИPL	LIANCE \	/ER	IFICATION		
	X	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
		Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
		Non-compliant		Sight confirmation by inspector		
		Not reviewed		Verbal confirmation by facility staff		
Con	nme	ents: Policy #702 and #732. Infor	ma	tion is included in the inmate medical	file	э.
DOG	•	Special diets ordered by a qualified he	alth	care professional are documented in the inmer providers, and correctional staff are notified	ate	
CO	ИPL	IANCE \	/ER	IFICATION		
	X	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
		Needs improvement	$\overline{\boxtimes}$	Sample of facility records reviewed		Other (specify):
		Non-compliant		Sight confirmation by inspector		
		Not reviewed	\boxtimes	Verbal confirmation by facility staff		
Con kitc		•	rm	documenting the request/physican or	rde	r is utilized and forwarded to the jail
DO	35	50.15 (12) Pregnancy management.				
CO	ИPL	IANCE \	/ER	IFICATION		
	\times	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
		Needs improvement		Sample of facility records reviewed		Other (specify):
		Non-compliant		Sight confirmation by inspector		
		Not reviewed		Verbal confirmation by facility staff		
con	npl			ace and followed. A referral to the P cility social worker. On the day of the		
DO	35	50.15 (13) Maintenance of agreement	s be	etween the jail and providers of health care	e se	ervices.
CO	ИPL	LIANCE	/ER	IFICATION		
	X	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
		Needs improvement		Sample of facility records reviewed		Other (specify):
		Non-compliant		Sight confirmation by inspector		
Ī		Not reviewed	\boxtimes	Verbal confirmation by facility staff		

Office of Detention Facilities DOC-2744 (4/2015)

Comments: Policy #707. CCS provides inmate health services and CCS, North Central Health Care, Mobile Crisis and on site staff provides inmate mental health care services. On site staff includes a psychologist and a licensed master social worker / counselor for a total of 40 hours a week. A mental health professional through CCS provides service for 4 hours a week.

DOC 350.15 (14) Use of health transfer summary form under s. 302.388 (2), Stats.

Wisconsin State Statute 302.388 Prisoner medical records.

(2) HEALTH SUMMARY FORM.

- (a) The department shall provide each jailer a standardized form for recording the medical conditions and history of prisoners being transferred to the department or another county's jail. Except as provided in pars. (b) and (bm), jail medical staff shall complete the form and provide it to the receiving institution intake staff at the time of each such transfer.
- (b) If the jail does not have medical staff on duty at the time of a transfer, the jailer or his or her designee shall complete as much of the form as possible and provide it to the receiving institution intake staff at the time of the transfer. The jailer shall ensure that all of the following occur within 24 hours after the transfer.
 - 1. The jail medical staff, the prisoner's health care provider or, if the prisoner does not have a health care provider, a health care provider under contract with the jail reviews the form provided to the receiving institution at the time of the transfer.
 - The medical staff or health care provider reviewing the form corrects any errors in the form and includes in it any additional available information.
 - 3. The medical staff or health care provider reviewing the form transmits the updated form or the information included on the form by the quickest available means to the receiving institution intake staff.
- (bm) Jail medical staff need not complete the form if the jailer or his or her designee provides a copy of the prisoner's complete medical file to the receiving institution intake staff at the time of the transfer.
- (f) Receiving institution intake staff may make a health summary form available to any of the following:
 - 1. The prison's or jail's medical staff.
 - 2. A prisoner's healthcare provider.
 - 3. In the case of a prison or jail that does not have medical staff on duty at the time of the transfer, a health care provider designated by the department or the jailer to review health summary forms.
 - 4. In the case of a jail that does not have medical staff, a person designated by the jailer to maintain prisoner medical records.

COMPLIANCE	<u> </u>	√ER	IFICATION			
⊠ Me	ets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented	
☐ Ne	eds improvement	\boxtimes	Sample of facility records reviewed		Other (specify):	
☐ Nor	n-compliant		Sight confirmation by inspector			
☐ Not	reviewed	\boxtimes	Verbal confirmation by facility staff			
ransfers. 7	comments: Policy #710. The HTS form is completed by the jail nurses who are notified by security staff of impending ransfers. The movement into and out of the facility is so great that this duty typically utilizes one nurse for the majority of that shift - eight hours completing this critical and required procedure.					
OCC 350.15 (15) Communicable disease and infection control. Policies and procedures relating to communicable disease and infection control shall contain all of the following components: (a) Provision of treatment and supervision of inmates during isolation or quarantine under s. 252.06(6)(b), Stats. (b) Documentation of the need for isolation or quarantine under s. 252.06(6)(b), Stats., in the inmate's confidential medical file. (c) Provision of laboratory screening for inmates who may have been exposed to a communicable disease if ordered by medical personnel. (d) Provision for handling bio-hazardous waste and decontaminating medical and dental equipment in accordance with regulations.						
COMPLIANCE	= \	√ER	IFICATION			
⊠ Me	ets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented	
Nee	eds improvement		Sample of facility records reviewed		Other (specify):	
Nor Nor	n-compliant		Sight confirmation by inspector			
☐ Not	reviewed	\boxtimes	Verbal confirmation by facility staff			
Comments: Policy #715. Protocols are in place and followed. Public Health provides a STD Clinic weekly and an mmunization Clinic monthly.						
OCC 350.15 (16) Detoxification and management of intoxicated inmates. Appropriate housing and supervision is provided.						
COMPLIANCE	Ξ ,	√ER	IFICATION			
Me Me	ets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented	

Office	ARTMENT OF CORRECTIONS e of Detention Facilities -2744 (4/2015)				WISCONSIN
	Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed	\boxtimes	Verbal confirmation by facility staff		
Comm	nents: Policy #717. Protocols a	re in pl	ace and followed. Use of alcohol be	nz	odiazepine withdrawal and opiate
	Irawl assessments and score s				
and a	dministration of prescription and n	on-pres		-	rocedures relating to the control, delivery reatments.
COMF	PLIANCE	VER	IFICATION		
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
Ī	Non-compliant		Sight confirmation by inspector		(-1 2)
	Not reviewed		Verbal confirmation by facility staff		
Typic DOC	cally allowed medications broug	ght into	administer or deliver prescribed doses	al c	in are approved by the jail physican. onditions; cancer, AIDS, Hep C, etc. medication at prescribed times. Annua
	PLIANCE	VER	IFICATION		
	Meets standard		Policy and procedure manual review	Щ	Previous compliance documented
<u> </u>	Needs improvement		Sample of facility records reviewed	Ш	Other (specify):
	Non-compliant	<u> </u>	Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
sche	duled for 2017. 350.16 (3) Determination by appropasary.	priate p		by i	ning was provided in March 2016 and inmates or other persons for an inmate are
	PLIANCE	•	IFICATION	ЮР	matery trained designee.
COM					Dravious compliance decumented
	Meets standard		Policy and procedure manual review	Н	Previous compliance documented
	Needs improvement		Sample of facility records reviewed	Ш	Other (specify):
	Non-compliant Not reviewed		Sight confirmation by inspector		
			Verbal confirmation by facility staff		
Comm	nents: Policy #711. Medical state	ff verify	/ medications.		
DOC 350.16 (4) All medications brought into the jail shall be inventoried and placed in secure storage. DOC 350.16 (5) Any medications kept at the jail shall be stored in a locked drug cabinet that is not accessible to inmates. The storage of inmate medications makes them readily identifiable. Medications that require refrigeration are kept in a separate, medical refrigerator, unless the medications are secured in a separate, locked container stored in a refrigerator inaccessible to inmates.					
COMF	PLIANCE	VER	IFICATION		
\boxtimes	Meets standard	\square	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed	Ħ	Other (specify):
ᅢ	Non-compliant		Sight confirmation by inspector		, c (opcon)).
	Not reviewed		Verbal confirmation by fracility staff		
		lodicet			
	nents: Policy #711 and #736. Massistencies: review stock medic	Stoc	k medications are inventoried (count	ed). A review did find some

DOC-2744 (4/2015)						
DO	C 3	50.16 (6) Administration or delivery o	f pı	rescription and nonprescription medication	ıs t	to inmates.
	•	Personnel authorized to administer me	dic	ations are listed in the current policy and proce	edu	ure manual and accessible to all jail staff.
CO	MPI	LIANCE \	/EF	RIFICATION		
	X	Meets standard	X	Policy and procedure manual review		Previous compliance documented
Ī	ī	Needs improvement	$\overline{\mathbb{X}}$	Sample of facility records reviewed	f	Other (specify):
Ī		Non-compliant	$\overline{\Box}$	Sight confirmation by inspector	_	(1)/
	ī	Not reviewed		Verbal confirmation by facility staff		
Con	nme	ents: Policy #736.				
DO(pro	C 33	50.16 (8) All refusals of recommendersional shall monitor the inmate in acc. All medication documentation is complete frequency, the date and time of administration medication. The medication administration and del completeness, accuracy, and legibility. There are no unexplained gaps in the	eteed h	realth care professional, the full (not abbreviate ation or delivery, and any special instructions or records are reviewed by the health care procumentation and inmate refusals of medication	del II b s. ed) or c	name of the medication, the dosage and comments are documented for each er and/or jail administrator or designee for
		LIANCE	/EF	RIFICATION		
	\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
[Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
[Non-compliant		Sight confirmation by inspector		
		Not reviewed	X	Verbal confirmation by facility staff		
The	e M cun	•	e p	viewed by the jail medical staff. Recorrevious year. Routine review completed in the inventoried at admission.		•
	:	The return of an inmate's medication is Unused medication is disposed of by a Established protocols regarding the dis Documentation of the disposition of the	s do a he spo e m	ealth care provider, transferred with the inmate sal of narcotic medications, including witness pedication is retained in the inmate's medical file.	e, oi pre	r returned to a pharmacy.
		LIANCE	/EF	RIFICATION	_	
[<u> </u>	Meets standard	\boxtimes	Policy and procedure manual review	╝	Previous compliance documented
[Needs improvement		Sample of facility records reviewed		Other (specify):
[Non-compliant		Sight confirmation by inspector		
[Not reviewed		Verbal confirmation by facility staff		
ren me	nai dic	nder of medication is returned to cal staff and documented.	the	ght into the facility by the inmate may e inmate upon release. The disposal of HIGH RISK SUPERVISION have policies and procedures relating to the second sec	of ı	medications is completed by two
		, , ,				
			_	RIFICATION	_	
	<u> </u>	Meets standard	$\underline{\boxtimes}$	Policy and procedure manual review	닐	Previous compliance documented
	╝	Needs improvement		Sample of facility records reviewed	<u>Ц</u>	Other (specify):
[Non-compliant		Sight confirmation by inspector		
Ī	\Box	Not reviewed		Verbal confirmation by facility staff		

Comments:	Policy	y #724.
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	350.17 (1) Obtaining documented i le or self-harm.	nfor	mation from the arresting or transporting	ag	ency to assess an inmate's potential for
COMF	PLIANCE	VEF	RIFICATION		
X	Meets standard	X	Policy and procedure manual review		Previous compliance documented
Ī	Needs improvement	X	Sample of facility records reviewed	同	Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed	Ī	Verbal confirmation by facility staff		
Comm	nents: Policy #724. Completed as	rec	quired.		
DOC :	Intake screening is performed on ear The answers to all screening question The screening form is legible, accurate Appropriate follow-up questions are a Medical or mental health care profess A secondary security review of intaken	ch ne ns a ite, a aske siona scr		en r ndio s in	necessary. cated. dicated.
COME	PLIANCE	VFF	RIFICATION		
	Meets standard	\boxtimes	Policy and procedure manual review	П	Previous compliance documented
	Needs improvement	∇	Sample of facility records reviewed	片	Other (specify):
ㅡ⊢	Non-compliant		Sight confirmation by inspector	<u> </u>	Other (specify).
	Not reviewed	누	Verbal confirmation by facility staff		
		<u>. </u>	· · · · · · · · · · · · · · · · · · ·		1 4 14 4 4 4 1 1 1 1 1
	•	_	forms include observations and quest	ion	is related to potential suicide risk.
Scre	ening forms are reviewed by the	me	dical staff.		
	nate on suicide watch shall include a) Immediate notification to designated) Designation of housing areas and se	II of supe curit		ide uici	ide watch.
COMF	PLIANCE	VEF	RIFICATION		
\boxtimes	Meets standard	X	Policy and procedure manual review		Previous compliance documented
	Needs improvement	Ħ	Sample of facility records reviewed	$\overline{\square}$	Other (specify):
	Non-compliant		Sight confirmation by inspector		(1 7/
Ī	Not reviewed	Ī	Verbal confirmation by facility staff		
Comm	nents: Policy #724.		, ,		
	.,		s who may assess an inmate's level of suid	cide	e risk.
	PLIANCE		RIFICATION		
	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
			plete a routine "segregation round" ar ons are documented and maintained i		

DOC 350.17 (5) Notification to qualified mental health professionals within 12 hours of placement of a potentially suicidal inmate on suicide watch. Assessment by a qualified mental health professional shall be completed as soon as practicable. Recommendations and decisions from qualified mental health professional are documented and maintained at the jail. **COMPLIANCE VERIFICATION** Policy and procedure manual review Meets standard Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. North Central Health Care Mobile Crisis is notified immediately following placement on a suicide watch or the forensic mental health counselor who provides inmate service in the facility is notified DOC 350.17 (6) Identification of qualified mental health professionals who are authorized to remove an inmate from a suicide watch status after an on-site face-to-face assessment. VERIFICATION **COMPLIANCE** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. Completed as required. DOC 350.17 (7) Frequency of communication between health care and jail personnel regarding the status of an inmate who is on suicide watch. A clear and reliable means of communicating information between correctional staff members regarding inmates who are suicide risks is utilized. All communication between jail staff, administration, and medical/mental health care providers is documented, including names of those involved, summary of content of discussion, and actions taken. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. A number of communication options are utilized; in person, via the telephone or the jail electronic system. DOC 350.17 (8) Intervention protocol during an apparent suicide attempt, including life-sustaining measures. Staff demonstrate a working knowledge of first aid and emergency response measures. Staff are familiar with the location and effective use of emergency response equipment. Staff received training on emergency response, including use of emergency response equipment within the past evaluation period. The actions taken in response to a suicide in progress or suicide threat are documented. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724.

DOC 350.17 (9) Identification of persons to be notified in case of attempted or completed suicides.		ice of Detention Facilities C-2744 (4/2015)			
Meets standard	DOC	350.17 (9) Identification of persons to be	e ı	notified in case of attempted or completed	suicides.
Needs improvement	COM	IPLIANCE VE	ER	IFICATION	
Non-compliant		Meets standard	\langle	Policy and procedure manual review	Previous compliance documented
Not reviewed		Needs improvement		Sample of facility records reviewed	Other (specify):
Comments: Policy #724. DOC 350.17 (10) Documentation of actions and decisions regarding inmates who are suicide risks, including all of the following: (a) Individual initiating the suicide watch. (b) Date and time watch was initiated. (c) Raeson watch was initiated. (d) Name of supervisor contacted. (d) Name of supervisor contacted. (f) Name, date, and time of referral to mental health professional. (g) Written documentation from the mental health professional. (g) Written documentation from the mental health professional removing an inmate from a suicide watch including name, date and time. * Supervisory review of the relevant documentation is completed. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Non-compliant Sight confirmation by inspector Not reviewed Other (specify): DOC 350.17 (11) Implementation of 2 hours of annual documented staff training regarding suicide prevention and identification of risk factors. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sight confirmation by inspector Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by inspec		Non-compliant		Sight confirmation by inspector	
DOC 350.17 (10) Documentation of actions and decisions regarding inmates who are suicide risks, including all of the following: (a) Individual initiating the suicide watch. (b) Date and time watch was initiated. (c) Reason watch was initiated. (d) Name of supervisor contactulated. (d) Name, date, and time of referral to mental health professional. (g) Written documentation from the mental health professional removing an inmate from a suicide watch including name, date and time. **Supervisory review of the relevant documentation is completed.** **COMPLIANCE** **Policy and procedure manual review* **Previous compliance documented on the mental health professional removing an inmate from a suicide watch including name, date and time. **Supervisory review of the relevant documentation is completed.** **COMPLIANCE** **Policy and procedure manual review* **Previous compliance documented on the provious compliance documented in March 2016 and is scheduled for 2017. **DOC 350.17 (12) Access by staff to debriefing and support services.** **COMPLIANCE** **VERIFICATION** **Wetel standard** **Policy and procedure manual review* **Previous compliance documented** **Non-compliant** **Supple of facility records reviewed* **Other (specify): **Non-compliant** **Supple of facility records rev		Not reviewed		Verbal confirmation by facility staff	
(a) Individual initiating the suicide watch. (b) Date and time watch was initiated. (c) Reason watch was initiated. (d) Name of supervisor contacted. (e) Date and time supervisor contacted. (f) Name, date, and time of referral to mental health professional. (g) Written documentation from the mental health professional removing an inmate from a suicide watch including name, date and time. **Supervisory review of the relevant documentation is completed. **COMPLIANCE** VERRIFICATION** Meets standard* Policy and procedure manual review* Needs improvement* Sample of facility records reviewed* Other (specify): Non-compliant Sight confirmation by inspector Not reviewed* Other (specify): Comments: Policy #724. A number of inmate files were reveiwed and found that required components listed above is completed. Suicide observation logs reviewed found few exceptions. DOC 350.17 (11) Implementation of 2 hours of annual documented staff training regarding suicide prevention and identification of risk factors. COMPLIANCE* VERIFICATION* Meets standard* Policy and procedure manual review* Previous compliance documented that review of a facility records reviewed of the facility records reviewed of th	Com	ments: Policy #724.			
COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented		 (a) Individual initiating the suicide watch. (b) Date and time watch was initiated. (c) Reason watch was initiated. (d) Name of supervisor contacted. (e) Date and time supervisor contacted. (f) Name, date, and time of referral to mental (g) Written documentation from the mental h 	ıl h	ealth professional. Alth professional removing an inmate from a su	
Meets standard		 Supervisory review of the relevant doc 	cu	mentation is completed.	
Needs improvement			ER	IFICATION	
Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff		Meets standard	\leq	Policy and procedure manual review	Previous compliance documented
Not reviewed		Needs improvement	\langle	Sample of facility records reviewed	Other (specify):
Comments: Policy #724. A number of inmate files were reveiwed and found that required components listed above is completed. Suicide observation logs reviewed found few exceptions. DOC 350.17 (11) Implementation of 2 hours of annual documented staff training regarding suicide prevention and identification of risk factors. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. Training was provided in March 2016 and is scheduled for 2017. DOC 350.17 (12) Access by staff to debriefing and support services. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. DOC 350.17 (13) Implementation of an operational review following a suicide or significant suicide attempt. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented COMPLIANCE VERIFICATION Sight confirmation by facility records reviewed Other (specify): Sight confirmation by facility records reviewed Needs improvement Sample of facility records reviewed Other (specify): Sample of facility records reviewed Other (specify): Sample of facility records reviewed Other (specify):		Non-compliant		Sight confirmation by inspector	
Completed. Suicide observation logs reviewed found few exceptions. DOC 350.17 (11) Implementation of 2 hours of annual documented staff training regarding suicide prevention and identification of risk factors. COMPLIANCE		Not reviewed		Verbal confirmation by facility staff	
Meets standard	DOC	350.17 (11) Implementation of 2 hours o		•	g suicide prevention and identification of risk
Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. Training was provided in March 2016 and is scheduled for 2017. DOC 350.17 (12) Access by staff to debriefing and support services. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. DOC 350.17 (13) Implementation of an operational review following a suicide or significant suicide attempt. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector			ER	IFICATION	
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Not reviewed Verbal confirmation by facility staff Comments: Policy #724. Training was provided in March 2016 and is scheduled for 2017. DOC 350.17 (12) Access by staff to debriefing and support services. COMPLIANCE VERIFICATION		Needs improvement	<u> </u>	Sample of facility records reviewed	Other (specify):
Comments: Policy #724. Training was provided in March 2016 and is scheduled for 2017. DOC 350.17 (12) Access by staff to debriefing and support services. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Verbal confirmation by facility staff Comments: Policy #724. DOC 350.17 (13) Implementation of an operational review following a suicide or significant suicide attempt. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Sight confirmation by inspector		Non-compliant		Sight confirmation by inspector	
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Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. DOC 350.17 (13) Implementation of an operational review following a suicide or significant suicide attempt. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector	DOC	350.17 (12) Access by staff to debriefing	g a	and support services.	
Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. DOC 350.17 (13) Implementation of an operational review following a suicide or significant suicide attempt. COMPLIANCE VERIFICATION ✓ Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector	COM	IPLIANCE VE	ER	IFICATION	
Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #724. DOC 350.17 (13) Implementation of an operational review following a suicide or significant suicide attempt. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector		Meets standard	\langle	Policy and procedure manual review	Previous compliance documented
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Comments: Policy #724. DOC 350.17 (13) Implementation of an operational review following a suicide or significant suicide attempt. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector		Non-compliant		Sight confirmation by inspector	
DOC 350.17 (13) Implementation of an operational review following a suicide or significant suicide attempt. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector		Not reviewed		Verbal confirmation by facility staff	
COMPLIANCE VERIFICATION Meets standard Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector	Com	ments: Policy #724.			
✓ Meets standard ✓ Policy and procedure manual review ✓ Previous compliance documented ✓ Needs improvement ✓ Sample of facility records reviewed ✓ Other (specify): ✓ Non-compliant ✓ Sight confirmation by inspector	DOC	350.17 (13) Implementation of an operat	tio	nal review following a suicide or significan	t suicide attempt.
✓ Meets standard ✓ Policy and procedure manual review ✓ Previous compliance documented ✓ Needs improvement ✓ Sample of facility records reviewed ✓ Other (specify): ✓ Non-compliant ✓ Sight confirmation by inspector	COM	MPLIANCE VE	ER	IFICATION	
Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector			_		Previous compliance documented
Non-compliant Sight confirmation by inspector			╡		·
	一片		Ħ		
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Comments: Policy #724.

DOC 350.25 Administrative confinement. In this section, "administrative confinement" means a non-punitive, segregated confinement of an inmate in his or her cell or other designated area to ensure personal safety and security within the jail. The jail shall have policies and procedures outlining the administrative confinement proces.

policies and procedures outlining the administrative confinement proces.

DOC 350.25 (1) An inmate may be placed in administrative confinement if the inmate's continued presence in the general population

meets	one of the following:				
(b	Presents a substantial risk of ph Threatens the security and order Inhibits a pending disciplinary inv	r of the jail.			
COMF	PLIANCE	VER	RIFICATION		
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review	$\overline{}$	Previous compliance documented
Ī	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		- (1 2)
	Not reviewed		Verbal confirmation by facility staff		
Comm	nents: Policy #505 and #600.				
an inr super placer	nate and the supervisor shall devisor, a jail staff member may ment decision within 24 hours.	etermine v place an i This reviev	whether to place the inmate in administr nmate in administrative confinement. T w shall include evaluation of inmate's cla	rative he s	may require administrative confinement of e confinement. In the absence of his or her taff member's supervisor shall review that ication.
	PLIANCE		RIFICATION		1
	Meets standard		Policy and procedure manual review	<u> </u>	Previous compliance documented
<u> </u>	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
Comm	nents: Policy #505.				
The s releas	upervisor shall determine wher sed to the general population. E	the inma	te no longer presents a threat to the sa v shall be documented.		supervisor at least once every seven days, security and order of the jail and may be
	PLIANCE		RIFICATION		1
	Meets standard		Policy and procedure manual review	<u> </u>	Previous compliance documented
<u>_</u>	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed	\boxtimes	Verbal confirmation by facility staff		
	nents: Policy #505. The jail a ently as needed. The review			revi	lew within the requirements or more
	istrative confinement shall be d	locumente	ed in the inmate's file.		he length of time the inmate remains in
•	The inmate is informed of the re	easons and	d conditions of the inmate's Administrative (Confi	nement.
COMF	PLIANCE	VER	RIFICATION		
\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
Comm	nents: Policy #505. Documer	ntation is	maintained in the facility electronic	SVS	tem.

RECORDS AND REPORTING

DOC 350.10 Records and reporting.

DOC 350.10 (1) Register of inmates. Each jail shall keep a register of all inmates. The register shall contain identifying information on each inmate, including name, residence, age, sex, race, court order, time and cause of placement and placing authority, and time of release and releasing authority. If an inmate escapes, the time and manner of the escape shall be recorded in the register.

COMPLIANCE		VERIFICATION			
	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		

Comments: The inmate name is located in the booking register and additional required information is located in the electronic system in each individual inmate file.

DOC 350.10 (2) Storage of records. Records shall be kept in a secure area. Juvenile records shall be kept separate from adult records and shall be maintained in a confidential manner in accordance with s. 938.396, Stats., and any other applicable federal or state law.

COMPLIANCE		VERIFICATION				
	Meets standard	Policy and procedure manual review Previous compliance documented				
	Needs improvement	Sample of facility records reviewed Other (specify):				
	Non-compliant	Sight confirmation by inspector				
	Not reviewed	∀erbal confirmation by facility staff				

Comments: Records are maintained in a secure area; booking, medical, storage area and the electronic system.

MAINTENANCE OF JAIL, SANITATION AND CARE OF PRISONERS

Wisconsin State Statute 302.37 Maintenance of jail and care of prisoners.

Wisconsin State Statute 302.37 (1) (a) The sheriff or other keeper of a jail shall constantly keep it clean and in a healthful condition and pay strict attention to the personal cleanliness of the prisoners and shall cause the clothing of each prisoner to be properly laundered. The sheriff or keeper shall furnish each prisoner with clean water, towels and bedding. The sheriff or keeper shall serve each prisoner 3 times daily with enough well-cooked, wholesome food. The county board shall prescribe an adequate diet for the prisoners in the county jail.

Wisconsin State Statute 302.37(3)(a) The county or municipality shall furnish its jail with necessary bedding, clothing, toilet facilities, light and heat for prisoners

Wisconsin State Statute 302.37 (4) The sheriff or other keeper of a jail may use without compensation the labor of any prisoner sentenced to actual confinement in the county jail or, with the prisoner's consent, any other prisoner in the maintaining of and the housekeeping of the jail, including the property on which it stands. Any prisoner who escapes while working on the grounds outside the jail enclosure shall be punished as provided in s. 946.42.

- A daily inspection is conducted by jail staff of housekeeping, sanitation, and physical plant maintenance.
- The jail is constantly clean and in a healthful condition.
- Inmate areas are free of graffiti, posters, wall coverings, etching, etc.
- All surfaces, equipment, and facilities are clean and in good repair.
- Air handling systems, including ventilation screens and covers, are clean, unobstructed, and in good working order.
- Inmate personal property allowed in the housing units is subject to limitations on volume and content.
- Inmates are held accountable for making the beds, cleaning the floors, cleaning the common bathroom facilities, properly storing
 property, and maintaining cleanliness and order in the housing units daily.
- Inmates and staff are held accountable for housekeeping and sanitation deficiencies.
- Identified maintenance needs are addressed in a timely manner.
- Hallways are free of clutter and obstructions.

DOC-2	2744 (4/2015)				
COMPL	LIANCE	VEF	RIFICATION		
\square	Meets standard		Policy and procedure manual review		Previous compliance documented
	Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
	Non-compliant	\boxtimes	Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
Not reviewed Verbal confirmation by facility staff Comments: The facility is maintained in good condition with the exception of the ceiling discoloration in the facility east end inmate housing units and hallways and the condition of A Block located in the facility west end. A detailed plan requires development; A block is routiney full, however on the day of the inspection, one cell was vacant. Develop a procedure for the routine inspection of the area, once repaired, painted, etc., and implement. Hold staff accountable to complete inspections and hold inmates accountable for their actions. Ceiling issues, including some skylights, requires attention and a maintenance plan developed and implemented. The ceilings appearance and condition I am told may be due to the HVAC system condensation issues; perhaps a review of the system is warranted. The receiving cells, holding rooms and recreation area have recently been painted and are currently in good condition. Routine inspections of these areas and holding inmates accountable for their actions is recommended DOC 350.12 Sanitation and Hygiene. The jail shall have policies and procedures relating to sanitation and hygiene. DOC 350.12 (1) Facilities are required to be clean and in good repair. COMPLIANCE VERIFICATION ☑ Meets standard ☑ Policy and procedure manual review ☑ Previous compliance documented ☑ Needs improvement ☑ Sample of facility records reviewed ☑ Other (specify): ☑ Non-compliant ☑ Sight confirmation by inspector ☑ Nor reviewed ☑ Verbal confirmation by facility staff Comments:					
DOC 3	50.12 (4) Clean towels shall be issue	d to			•
COMPL			RIFICATION	$\overline{}$	Dravious compliance decumented
$- \stackrel{\square}{\vdash}$	Meets standard Needs improvement		Policy and procedure manual review Sample of facility records reviewed	님	Previous compliance documented Other (specify):
-H	Non-compliant	$\frac{\square}{\square}$	Sight confirmation by inspector	Ш	Otrier (specify).
	Not reviewed	H	Verbal confirmation by facility staff		
Comme	ents: Policy #807. The facility lau	ındı	ry schedule confirms compliance as w	rell	as feedback from inmates
shall b a clean DOC 35 waterp	e covered with a fire retardant, water and sanitary condition. The sheriff solds and sanitary condition and sanitary condition and sanitary configurations. 50.12 (7) Mattresses shall be of prop	rpro shal d pill er s	where there is a need for overnight detention, easy-to-sanitize material. Mattresses at provide adequate bedding. Mattresses shows shall be provide evidence to the shericize to fit the bed. RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff	nd hall	pillows shall be kept in good repair and in be cleaned and sanitized before reissue.
Comme	ents: Policy #807. Evidence of m	attr	ess compliance was provided.		

DOC 350.12 (8) The sheriff shall provide an inmate whose clothing has been confiscated with adequate and appropriate clothing, including footwear, for use while the inmate is in custody. Footwear shall be cleaned and sanitized before reissue.

DEPARTMENT OF CORRECTIONS WISCONSIN Office of Detention Facilities DOC-2744 (4/2015) **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #807. Items are assembled and placed in a plastic tote by the inmate workers. Footware is sanitized by inmate workers completing laundry duties. DOC 350.12 (9) Laundry schedule shall be established to meet daily needs. All issued and allowed clothing items are laundered twice weekly. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Sight confirmation by inspector Non-compliant Verbal confirmation by facility staff Not reviewed Comments: Policy #807. Inmate interviews confirm compliance as well. Inmates receive one blanket, exchanged and laundered monthly, two sets of uniforms, four towels, sheets, underclothing and socks. Items can be placed in the laundry twice weekly. DOC 350.12 (10) Vermin and pests are controlled with an effective, documented program. Containers of poisonous compounds used for exterminating rodents or insects shall be prominently and distinctly labeled for easy identification of contents. Poisonous compounds shall be stored independently and separately from food and kitchenware in a locked area not accessible to inmates. COMPLIANCE VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Sight confirmation by inspector Non-compliant Verbal confirmation by facility staff Not reviewed Comments: Policy #805. A pest control service provides monthly inspections and needed applications; documentation provided DOC 350.12 (11) After 24 hours, inmates shall be provided with towels and toilet articles sufficient for the maintenance of cleanliness and hygiene, including toothpaste and toothbrush, soap and comb. Basic feminine hygiene materials for females and toilet paper shall be provided to inmates upon request. There shall be no common use of toothbrushes, combs, shaving materials or feminine hygiene materials. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented

Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector

Verbal confirmation by facility staff

Comments: Policy #807. Items provided following the booking process.

Not reviewed

DOC 350.12 (12) Inmates are provided cleaning materials daily. Tables used for common use and meals shall be kept sanitized. Door traps used for passing meals or other items shall be kept sanitized.

COMPLIANCE		VERIFICATION				
\boxtimes	Meets standard	Policy and procedure manual review	Previous compliance documented			
	Needs improvement	Sample of facility records reviewed	Other (specify):			
	Non-compliant	Sight confirmation by inspector				
	Not reviewed	Verbal confirmation by facility staff				

Comments: Policy #802. Cleaning supplies are provided daily and a disinfectant and cleaning cloths are maintained in each housing unit for table and trap door cleaning.

DOC 350.12 (13) Safety and sanitation inspections of the jail are completed and documented at a minimum of once monthly.

	2744 (4/2015)		
COMPL	LIANCE VEI	RIFICATION	
	Meets standard	Policy and procedure manual review	Previous compliance documented
	Needs improvement	Sample of facility records reviewed	Other (specify):
	Non-compliant	Sight confirmation by inspector	
	Not reviewed	Verbal confirmation by facility staff	
Comme	ents: Policy #800 and #802. Inspec	ions and documentation completed;	implemented in January 2017. An
insped	ction checklist has been developed	and implemented.	
DOC 3	50.12 (14) Common use grooming tools	are disinfected and cleaned before reissu	e and are stored in a secure area.
COMPL	JANCE VEI	RIFICATION	
\boxtimes	Meets standard	Policy and procedure manual review	Previous compliance documented
	Needs improvement	Sample of facility records reviewed	Other (specify):
一一	Non-compliant	Sight confirmation by inspector	
一一	Not reviewed	Verbal confirmation by facility staff	
Comme	ents: Policy #807 Nail and hair clin	pers are disinfected by jail staff after	ISA
Commi	ins. I only #007. Itali and hall onp	bers are districted by Jan Stair arter	450.
DOC 3	50.12 (15) Property storage containers	shall be sanitized before reuse.	
•	Property storage containers may include	bags, bins, totes and lockers.	
COMPL	LIANCE VEI	RIFICATION	
\boxtimes	Meets standard	Policy and procedure manual review	Previous compliance documented
	Needs improvement	Sample of facility records reviewed	Other (specify):
	Non-compliant	Sight confirmation by inspector	
	Not reviewed	Verbal confirmation by facility staff	
Comme	ents: Policy #802. The inmate mes	n storage bags are disinfected by inn	nate workers before reuse.
DOC 3	50.12 (16) Trash is removed daily from a	ıll dayrooms.	
COMPL	IANCE VEI	RIFICATION	Provious compliance documented
	LIANCE VEI	RIFICATION Policy and procedure manual review	Previous compliance documented Other (specify):
COMPL	IANCE VEI Meets standard Needs improvement	Policy and procedure manual review Sample of facility records reviewed	Previous compliance documented Other (specify):
COMPL	IANCE VEI Meets standard Needs improvement Non-compliant	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector	
COMPI	Meets standard Needs improvement Non-compliant Not reviewed	Policy and procedure manual review Sample of facility records reviewed	
COMPI	IANCE VEI Meets standard Needs improvement Non-compliant	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector	
COMPL	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802.	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff	Other (specify):
COMPL	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802.	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector	Other (specify):
COMPL	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff	Other (specify):
COMPL	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff posed of according to government regular	Other (specify):
COMPL	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis	RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff posed of according to government regular RIFICATION	Other (specify):
COMPL	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff posed of according to government regular RIFICATION Policy and procedure manual review	tions. Previous compliance documented
COMPL	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed	tions. Previous compliance documented
COMPI	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement Non-compliant Not reviewed	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector	tions. Previous compliance documented
COMPI	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LANCE Meets standard Needs improvement Non-compliant	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector	tions. Previous compliance documented
COMPI	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement Non-compliant Not reviewed	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector	tions. Previous compliance documented
COMPI Comme COMPI Comme	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #801.	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff INMATE SERVICES I have policies and procedures relating to	Other (specify): tions. Previous compliance documented Other (specify):
COMPI	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #801.	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff INMATE SERVICES I have policies and procedures relating to the level of appeal.	tions. Previous compliance documented
COMPI Comme COMPI Comme Comme Comme	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #801.	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff INMATE SERVICES I have policies and procedures relating to the level of appeal. RIFICATION	Other (specify): tions. Previous compliance documented Other (specify): an inmate grievance process and ensure in
COMPI	Meets standard Needs improvement Non-compliant Not reviewed Ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement Non-compliant Not reviewed Ents: Policy #801.	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff INMATE SERVICES I have policies and procedures relating to the level of appeal. RIFICATION Policy and procedure manual review	tions. Previous compliance documented Other (specify): an inmate grievance process and ensure i
COMPI Comme Comme Comme Comme Comme Comme	Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement Non-compliant Not reviewed ents: Policy #801.	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff INMATE SERVICES I have policies and procedures relating to the level of appeal. RIFICATION Policy and procedure manual review Sample of facility records reviewed	Other (specify): tions. Previous compliance documented Other (specify): an inmate grievance process and ensure in
COMPI Comme Comme Comme Comme Comme Comme	Meets standard Needs improvement Non-compliant Not reviewed Ents: Policy #802. 50.12 (17) Hazardous waste shall be dis LIANCE Meets standard Needs improvement Non-compliant Not reviewed Ents: Policy #801.	Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Posed of according to government regular RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff INMATE SERVICES I have policies and procedures relating to the level of appeal. RIFICATION Policy and procedure manual review	tions. Previous compliance documented Other (specify): an inmate grievance process and ensure in the previous compliance documented Previous compliance documented

supervisory staff or the jail administrator review and respond within a reasonable timeframe.

DOC 350.27 Legal Access. The jail shall have policies and procedures to address inmates' access to the courts, their attorneys, and legal materials.						
COMP	COMPLIANCE VERIFICATION					
	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented	
	Needs improvement		Sample of facility records reviewed		Other (specify):	
	Non-compliant	\boxtimes	Sight confirmation by inspector		· · · · · · · · · · · · · · · · · · ·	
	Not reviewed	\boxtimes	Verbal confirmation by facility staff			
	•		available via an electronic legal law lib nal usage is approved on a case by cas		, ,	
DOC 3	50.28 (1) The jail shall establish def	finition	icies and procedures to address indigence. ons and procedures to define indigence. , programming and essential services is not	t pı	recluded by inability to pay.	
COMP	LIANCE	VE	RIFICATION			
	Meets standard	\times	Policy and procedure manual review		Previous compliance documented	
	Needs improvement		Sample of facility records reviewed		Other (specify):	
	Non-compliant		Sight confirmation by inspector			
	Not reviewed		Verbal confirmation by facility staff			
DOC 350.29 Mail. The jail shall have policies and procedures relating to written contact between inmates and their families, friends, attorneys, the court system, government officials and others. DOC 350.29 (1) Provision for staff inspection and reading of non-privileged incoming and outgoing mail. Staff demonstrate a working knowledge of the procedures for mail inspection. DOC 350.29 (2) Provision for the limited inspection of incoming and outgoing privileged mail. Staff demonstrate a working knowledge of the definition of privileged mail and the procedures for inspecting it. COMPLIANCE VERIFICATION						
	Meets standard		Policy and procedure manual review	_	Previous compliance documented	
- $ H$	Needs improvement	<u> </u>	Sample of facility records reviewed Sight confirmation by inspector		Other (specify):	
-	Non-compliant					
Not reviewed ✓ Verbal confirmation by facility staff Comments: Policy #1008. Staff inspect incoming mail; legal mail is inspected in front of the inmate. DOC 350.29 (3) Delivery of all non-privileged and approved privileged incoming mail.						
Inmate mail is delivered to inmates in a timely manner.						
	LIANCE Marke standard		RIFICATION	_	Daniero constituent la constituent l	
	Meets standard		Policy and procedure manual review	4	Previous compliance documented	
<u> </u>	Needs improvement		Sample of facility records reviewed		Other (specify):	
<u>_</u>	Non-compliant		Sight confirmation by inspector			
	Not reviewed	\boxtimes	Verbal confirmation by facility staff			
Comments: Policy #1008. Inmate mail is delivered on the day it arrives no later than by 10pm.						

Office of Detention Facilities DOC-2744 (4/2015)

DOC 35	DOC 350.29 (4) Inventory and disposition of contraband items found in mail.					
•	 Contraband items are inventoried and documented. Contraband is promptly turned over to supervisory staff. 					
COMPL	IANCE \	/ER	IFICATION			
$\overline{\square}$	Meets standard	X	Policy and procedure manual review		Previous compliance documented	
	Needs improvement	靣	Sample of facility records reviewed		Other (specify):	
	Non-compliant		Sight confirmation by inspector		\ .	
	Not reviewed		Verbal confirmation by facility staff			
Comme	nts: Policy #1008.					
DOC 35	0.29 (5) Provision of postage to indi	gen	t inmates.			
COMPL	IANCE \	/ER	IFICATION			
$\overline{\boxtimes}$	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented	
	Needs improvement	同	Sample of facility records reviewed		Other (specify):	
	Non-compliant		Sight confirmation by inspector		\ .	
	Not reviewed		Verbal confirmation by facility staff			
Comme	nts: Policy #1008.					
DOC 35			when outgoing or incoming mail is withher and provided to the inmate when mail is confise		ed, destroyed, or rejected.	
COMPL	IANCE \	/ER	IFICATION			
	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented	
	Needs improvement	$\underline{\boxtimes}$	Sample of facility records reviewed		Other (specify):	
	Non-compliant	Щ	Sight confirmation by inspector			
	Not reviewed		Verbal confirmation by facility staff			
Comments: Policy #1008. A Non-Delivery of Mail form is completed and forwarded to the inmate.						
DOC 350.30 Visitation. The jail shall have policies and procedures relating to visitation. DOC 350.30 (1) Establishment of a visiting schedule for family, friends, attorneys, and others. Attorney visits shall be allowed during reasonable hours, as long as security and daily routine are not unduly interrupted. DOC 350.30 (2) Establishment of procedures for requesting visitation during nonscheduled times.						
 Accommodations are made for visits to occur at times other than scheduled visiting times. 						
COMPL	IANCE \	/ER	IFICATION			
	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented	
	Needs improvement		Sample of facility records reviewed		Other (specify):	
	Non-compliant		Sight confirmation by inspector			
	Not reviewed Verbal confirmation by facility staff					
Comments: Policy #1010. Inmate visits are completed via a monitor located in the inmate housing units. Monitors are available in the Huber section lobby for the public usage; there are eleven visiting stations. Visitors have the option to connect off site via a home system (computer).						
3011100	connect on site via a nome system (computer).					

Comments: Policy #1010.

DOC-2744 (4/2015) DOC 350.30 (3) Documentation of all visits through a visitor log or register. All non-jail staff members who enter the jail are documented on the visitor's log or other appropriate register. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #1010. A register is maintained in the jail management system and prior to visiting a photo ID is required DOC 350.30 (4) Establishment of a search policy of visitors and their possessions. Personal contact visitors are subject to a search procedure. Program workers and volunteers are subject to strict guidelines regarding personal items, carry-in equipment and compliance with jail policies. Law enforcement/Community Corrections/ Legal visitors are required to adhere to safe correctional practices limiting carry-in items and may be subject to search. Jail staff consistently apply visitation and search standards to all non-jail staff. **COMPLIANCE** VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #1010. Contact visiting search notice is posted. Contact visits consist of professional visitors; attorneys, probation agents, social services, etc. There are two contact rooms and three booths with paper passes. DOC 350.30 (5) Posting of visitation policies and procedures, including visitation schedule, in a place readily accessible to visitors and inmates. COMPLIANCE **VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Sight confirmation by inspector Non-compliant Verbal confirmation by facility staff Not reviewed Comments: Policy #1010. DOC 350.30 (6) Establishment of a search policy for inmates before and after each visit. **COMPLIANCE** VERIFICATION Meets standard Previous compliance documented Policy and procedure manual review Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff

	350 vices		ail	shall have policies and procedures relatir	ng to the provision of inmate programs and	
DOC	350	0.31 (1) Use of community resources	s, c	ontract providers, and volunteers authorize	ed by the sheriff.	
DOC	350	0.31 (2) Notification to inmates of av	aila	ability, eligibility, and schedules.		
DOC	350	0.31 (3) Conducting criminal backgr	our	nd checks on all volunteers, community res	ources, and contract providers.	
DOC	350	0.31 (4) Orientation and training on t	aci	lity operations for all volunteers.		
		0.31 (5) Educational programming ent of Public Instruction.	g fo	or inmates who are under 18 years of a	ge consistent with the requirements of the	
CON	ЛРLI	ANCE \	/ER	RIFICATION		
	$\overline{\mathbf{X}}$	Meets standard	\boxtimes	Policy and procedure manual review	Previous compliance documented	
		Needs improvement	\boxtimes	Sample of facility records reviewed	Other (specify):	
		Non-compliant		Sight confirmation by inspector		
		Not reviewed		Verbal confirmation by facility staff		
Con	nmen	nts: Policy #312, #1000 and #100	05.			
				shall have the opportunity to participate in I shall have policies and procedures relating	n practices of their religious faith consistent g to religious programming.	
DO) 2EC	22 (4) Identification of religious over	~~~	inctions and players willing to conduct valid	ious convisco in the facility	
טטנ	<i>,</i> 33(0.32 (1) Identification of religious or	gan	izations and clergy willing to conduct relig	ious services in the facility.	
DOC	350	0.32 (2) Notification to inmates of the	e s	chedule of religious services available in th	e jail.	
		0. "				
				cedure for assessing and responding to inmate	e requests for religious services.	
		ANCE \	/ER	RIFICATION		
	<u> </u>			Policy and procedure manual review	Previous compliance documented	
<u>_</u>		Needs improvement	$\underline{\boxtimes}$	Sample of facility records reviewed	Other (specify):	
<u>_</u>	Non-compliant Sight confirmation by inspector					
Not reviewed Verbal confirmation by facility staff						
Con	nmen	nts: Policy #1016. Bible study ar	nd '	worship service is available.		
DOO	350	0.32 (3) Identification of religious ite	ms	that may be kept on an inmate's person or	in the cell.	
	•	If religious items are permitted, the pol	icie	s are consistently applied throughout the jail.		
		ANCE \	/ER	RIFICATION		
	\leq	Meets standard	\boxtimes	Policy and procedure manual review	Previous compliance documented	
		Needs improvement		Sample of facility records reviewed	Other (specify):	
		Non-compliant		Sight confirmation by inspector		
		Not reviewed		Verbal confirmation by facility staff		
Con	nmen	ts: Policy #1016.				
DOC	350	0.32 (4) Conducting criminal backgr	our	nd checks on members of a religious organ	ization and clergy.	
		ANCE \	<u>/E</u> R	RIFICATION		
	\boxtimes	Meets standard	\boxtimes	Policy and procedure manual review	Previous compliance documented	
		Needs improvement		Sample of facility records reviewed	Other (specify):	
		Non-compliant		Sight confirmation by inspector		
		Not reviewed	\boxtimes	Verbal confirmation by facility staff		
Con	nmen	nts: Policy #312. Rhonda Zastro	w,	Social Worker, completes background	d checks on the program volunteers.	

WISCONSIN Office of Detention Facilities DOC-2744 (4/2015) DOC 350.32 (5) Orientation and training on facility operations for all volunteers. Documentation of the orientation and volunteer agreement is on file. **COMPLIANCE VERIFICATION** Previous compliance documented Meets standard Policy and procedure manual review Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #312 and #1016. DOC 350.33 Recreation. The jail shall have policies and procedures relating to recreation. DOC 350.33 (1) Identification of the recreational activities that are available. DOC 350.33 (2) Schedule of recreational activities. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #1004. A semi-outdoor recreation space is offered for inmate exercise (walking or running). Recreation times and schedule is posted in the housing units. The area door and window frames were in the process of being painted on the day of the inspection. Discussion regarding any further damage by inmates of this area included the evaluation of "do not cross" lines on the floor to keep inmates away from the areas routinely damaged. An observation plan while inmates are using this space is recommended be developed and implemented as well. Inmates damaging the facility should be identified and disciplined. DOC 350.33 (3) When and where available, at least one hour of daily exercise and recreation is outside the cell or outdoors. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #1004. The segregation unit dayroom space is available for inmates housed in this area. Dayroom space in the housing units provide some exercise space and the semi-outdoor recreation area is used daily. DOC 350.34 Publications. The jail shall have policies and procedures relating to access to publications. DOC 350.34 (1) Provision of publications of general interest for inmates such as books, newspapers and magazines. DOC 350.34 (2) Identification of publications that are prohibited for inmates because their content creates a security risk. Reading material restrictions are posted or otherwise accessible to inmates. DOC 350.34 (3) Inspection of publications brought by visitors for inmates if the jail allows visitors to bring in reading materials. There are limitations on the volume of personal reading materials that can be kept in the housing area, and these limitations are enforced consistently throughout the jail. All reading materials allowed to be brought in by visitors are subject to search. **COMPLIANCE** VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify):

Sight confirmation by inspector

Verbal confirmation by facility staff

Non-compliant

Comments: Policy #1007 and #1008.

Not reviewed

	-2744 (4/2015)				
	350.35 Canteen. The jail shal	I have polic	ies and procedures for the establishme	ent ar	nd use of canteen, vending or other similar
DOC :	350.35 (1) Canteen shall be ma	ade availabl	e to eligible inmates.		
DOC:	350.35 (2) Access to canteen r	nay be resti	icted by the facility based upon inmate	class	sification or status.
COMF	PLIANCE	VER	IFICATION		
	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
	nents: Policy #1006. Inmate te canteen items.	es order ca	inteen items on the kiosk located in	n eac	ch housing unit. A vendor provides
			FOOD SERVICE		
DOC :	350.11 Food Service. The jail	shall have p	olicies and procedures relating to food	l servi	ice.
DOC :	350.11 (1) The jail shall provid	e nutritious	and quality food for all inmates.		
DOC :	350.11 (2) An annual menu rev	view by a qu	alified nutritionist or dietician shall be	comp	leted and maintained in the facility files.
	PLIANCE		IFICATION	•	•
	Meets standard		Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		j chier (cpconj).
	Not reviewed		Verbal confirmation by facility staff		
Comn	nents: Policy #906, #907, #9	903. #902.	#900. #904. #908 and #901. A m	enu r	review was completed on 2/9/17 by
			s inmate meal service. Kitchen Ma		
•		•		_	n. It is noted that a number of areas
is gre	eatly improved.				
DOC :	350.11 (3) An annual inspection	n of all full-	production and service kitchens in a ja	il by a	qualified, independent outside source
	menting that the food service a				
COMF	PLIANCE	VER	IFICATION		
	Meets standard		Policy and procedure manual review		Previous compliance documented
	Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):
	Non-compliant		Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
Comm	nents: Policy #906. The Ma	rathon Co	unty Health Department completed	d a R	etail Food Establishment Inspection
					e dish-room area. Plans to install a
			time a handwash sink is also planr		
	•	•	y District Manager Jamie Strong a	nd Ki	tchen Manager Cheryl Schulz.
Mana	ager Schulz plans to compl	ete a food	manager class in the near future.		
DOC:	350.11 (4) Internal monthly ins	pection of t	he food service area is completed and	docur	mented.
	PLIANCE	VER	IFICATION		
	Meets standard		Policy and procedure manual review		Previous compliance documented
	Needs improvement		Sample of facility records reviewed		Other (specify):
<u> </u>	Non-compliant		Sight confirmation by inspector		
	Not reviewed		Verbal confirmation by facility staff		
Comm	nents: Policy #906. Internal	inspection	ns began in April 2016 and are con	nplete	ed as required.
	350.11 (5) The kitchen area an	d all equipn	nent are maintained in a sanitary condit	ion. F	Routine inspections are completed and

DEPARTMENT OF CORRECTIONS WISCONSIN Office of Detention Facilities DOC-2744 (4/2015) **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #900, #903, #906 and #907. The kitchen was found in a clean and orderly condition. DOC 350.11 (6) Three nutritious meals are provided daily, two of which are hot. Variations may be allowed based on weekend and holiday food service demands, provided basic nutritional goals are met. **COMPLIANCE** VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Verbal confirmation by facility staff Not reviewed Comments: Policy #900. On the day of the inspection, inmate meal service was observed. The sevice kitchen includes hot holding units, refrigerators, etc. Prepared food is delivered to the facility and portioned into individual covered trays. The Huber sack lunch contents is documented and posted in the kitchen. Documentation of menu substitutions is completed. DOC 350.11 (7) Food temperatures are properly maintained. Documentation of daily food preparation temperatures is maintained. Documentation of periodic serving temperature readings is maintained. **COMPLIANCE** VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify):

 Needs improvement
 Sample of facility records reviewed
 Other (specify):

 Non-compliant
 Sight confirmation by inspector

 Not reviewed
 Verbal confirmation by facility staff

Comments: Policy #900. Food temperatures are checked prior to serving and when the last food cart is being filled. Food temperatures are documented as required.

DOC 350.11 (8) Food items are stored appropriately at least 6 inches off the floor. Opened food packages are stored in airtight containers that are labeled and dated. Food items are stored in appropriate locations and temperatures.

Documentation of daily cooler and freezer temperatures is maintained.

COMPLIANCE		VERIFICATION				
\boxtimes	Meets standard	Policy and procedure manual review Previous compliance documented				
	Needs improvement	Sample of facility records reviewed Other (specify):				
	Non-compliant	Sight confirmation by inspector				
	Not reviewed	Verbal confirmation by facility staff				

Comments: Policy #904 and #907. As a reminder; food must be covered when stored/cooled in the refrigerator.

DOC 350.11 (9) Special diets are provided as prescribed by a qualified health care professional.							
•	Documentation of special diet orders is maintained.						
COMPLIANCE		VER	VERIFICATION				
	Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented		
	Needs improvement	\boxtimes	Sample of facility records reviewed		Other (specify):		
	Non-compliant		Sight confirmation by inspector				
	Not reviewed	\boxtimes	Verbal confirmation by facility staff				
_	O L. Dollar, #000 and #000. Charled distance provided						

Comments: Policy #900 and #908. Special diets are provided.

DOC 350.11 (10) An inmate may abstain from shall provide a substitute from other available. (1).				
COMPLIANCE \	/EF	RIFICATION		
Meets standard	\boxtimes	Policy and procedure manual review	\neg	Previous compliance documented
Needs improvement		Sample of facility records reviewed	f	Other (specify):
Non-compliant		Sight confirmation by inspector	_	Care (opcon)).
Not reviewed	ቨ	Verbal confirmation by facility staff		
Comments: Policy #900. A listing of vari	ou	s inmates requiring special ordered die	ets	s is maintained.
DOC 350.11 (11) Inmates assigned to the uniform. DOC 350.11 (12) No person who is known to as a food handler in a facility. DOC 350.11 (13) All persons who work in food a standard with the content of the standard standard with the content of the standard standar	o bo	e infected with any illnesses transmittable l service areas shall wear clean garments ar	by f	food or utensils may be employed or work clean caps or hairnets and shall keep their
hands clean at all times when engaged in the cleaning of the fingernails.			ent	. Particular attention shall be given to the
	_	RIFICATION	_	D :
Meets standard	$ \boxtimes $	Policy and procedure manual review	믁	Previous compliance documented
Needs improvement		Sample of facility records reviewed	ᆜ	Other (specify):
Non-compliant Not reviewed		Sight confirmation by inspector Verbal confirmation by facility staff		
Comments: Policy #900 and #903. Inmathe near future, inmate workers are being DOC 350.11 (14) Inmate workers are provided Documentation of orientation and train	ing ed d	eliminated in the kitchen area. Additional prientation and training prior to assignment	on	al kitchen staff is being hired.
		RIFICATION		
Meets standard		Policy and procedure manual review	\neg	Previous compliance documented
Needs improvement	$\frac{\square}{\square}$	Sample of facility records reviewed	룩	Other (specify):
Non-compliant		Sight confirmation by inspector		Other (specify).
Not reviewed	Ħ	Verbal confirmation by facility staff		
Comments: Policy #901 and #903. Train	ning		rko	ers reviewed.
DOC 350.11 (15) Inmate workers are superv	ise	d throughout all aspects of food preparatio	n a	and service.
COMPLIANCE	/EF	RIFICATION		
Meets standard	\boxtimes	Policy and procedure manual review		Previous compliance documented
Needs improvement		Sample of facility records reviewed		Other (specify):
Non-compliant	\boxtimes	Sight confirmation by inspector		
Not reviewed	\boxtimes	Verbal confirmation by facility staff		
Comments: Policy #900 and #903. Kitch control pod provide supervision as well in the near future.			; ki	jail staff in the itchen is scheduled to be eliminated
DOC 350.11 (16) Food and drink shall be pro	ote	cted from contamination. Meals are covere	d c	during transit to and within the facility.

DEPARTMENT OF CORRECTIONS WISCONSIN Office of Detention Facilities DOC-2744 (4/2015) **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Policy #903. Meals are deliverd on covered trays or in paper sacks. Discussion regarding the beverage cup provided with the kitchen staff and the jail administrator identified areas that require attention. DOC 350.11 (17) Kitchen food storage and dishwashing equipment temperatures are routinely monitored and documented. **VERIFICATION COMPLIANCE** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Verbal confirmation by facility staff Not reviewed Comments: Policy #903. Logs are maintained with few missing entries noted. DOC 350.11 (18) Garbage containers are covered, emptied daily, and are kept clean. **COMPLIANCE VERIFICATION** Policy and procedure manual review Meets standard Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Sight confirmation by inspector Non-compliant Not reviewed Verbal confirmation by facility staff

Comments: Policy #900.

COMPLIANCE	VERIFICATION	
Meets standard	Policy and procedure manual review	Previous compliance documented
Needs improvement	Sample of facility records reviewed	Other (specify):
Non-compliant	Sight confirmation by inspector	
Not reviewed	Verbal confirmation by facility staff	
Comments: Policy #900. Cleaning	and agents are stored	an updated MSDS manual is on site.

50.11 (20) A security procedure is in place to control and account for sharps, tools and utensils at all times. Documentation of daily control and inventory is maintained.

COMPLIANCE		VERIFICATION	VERIFICATION				
	Meets standard	Policy and procedure m	nanual review	Previous compliance documented			
	Needs improvement	Sample of facility record	ds reviewed	Other (specify):			
	Non-compliant	Sight confirmation by in	rspector				
	Not reviewed	Verbal confirmation by	facility staff				

Comments: Policy #903. Sharps have been removed from the kitchen as there is no need for them. Utensils are counted daily. The storeroom remains clean and organized.